

NDPERS Wellness Program Voucher

For programs starting July 1

Last Name:




First Name:

Birth Date:

 M M D D C C Y Y

Member ID Number:

(found on Sanford Health Plan ID Card)

Underwritten by:	
	 North Dakota Public Employees Retirement System <i>Dakota Plan Health Benefits</i>
Insured:	Grp: ND01000101
Z1003000101 JOHN C DOE	RxBIN: 003858
Z1003000101 JANE M DOE	RxPCN: A4
Z1003000101 JOHNNY C DOE	RxGrp: NDPA
Z1003000101 JANIE C DOE	Administered by:
	 EXPRESS SCRIPTS [®]
Copays: \$25 PPO; \$30 Basic; \$50 ER	
Members: For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so. This card is for identification purposes only. It does not constitute proof of eligibility.	
20141215	SVHP-1313 4/14

**Failure to complete form with information as it appears on your card may result in forfeited points.
Please note: points will be credited to your account on the Sanford Health Plan bWell site.**

Event Code & Point Value (to be completed by Wellness Coordinator)

One-Day
Wellness Program
(Program 1)
1500 points

Multi-Day
Wellness Program
(Program 2)
3000 points

Comprehensive
Wellness Program
(Program 4)
6000 points

Event Date:

 M M D D C C Y Y

Event Title: _____

Print Coordinator Name: _____

Agency Name: _____ Organization Number: _____

Completed vouchers can be
submitted to: Jenny McDonald
Fax: (605) 312-9845



North Dakota
Public Employees
Retirement System
Dakota Plan Health Benefits

SANFORD
HEALTH PLAN